Campaign Finance Report Short Form EB-2a State Elections Board	-	
Spring Fall Special Pre-Primary	Continuing	Report due Jan. 31, 2015
Spring Fall Special Pre-Election	Continuing	Report due July 20,
Buckley for Cowly Bos Name of Candidate or Committee (in full) 3264 West Found Rd. Address (number and street) Grae By WF 5431 City, State, Zip		
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by t	this report and that the cash
Signature of Committee Treasures of Candidate	Date	Daytime Phone
Helend Sully	23-15	920 497-3052
EB-2a (Rev. 9/95) (Reformatted 3798) (Y2K 9/99)		



SHORT FORM – Use For "No Activity" Reporting Period

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			Santis Ling Santis Contra Court Cour	
Is This Report an Amendment:			DECENTED 123 45 0	
Instructions for completing schedules are on the back of each schedule.			TOCT 2014 6	
COMMITTEE IDENTIFICATION			Sanctra L. duro	
			FICE USE CIVLY	
931 WATERMOLEN AVEN	UE			
GREEN BAY, WI 54304			mber: 0105552	
Please check if address is different than previously reported, a	nd complete the Campaign Registration S	tatement in tl	ne back of this form. 🔲	
REPORT PERIOD				
January Continuing 2015 Pre-Primary	Spring 💟 Fall	Special	Termination Report	
July Continuing Pre-Election	<u> </u>	- Sheerar	also complete Schedule 4	
CITICALINY OF DECEMBER 13/D				
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period		Column B Calendar	
1. RECEIPTS			Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$ 1150.00		50.00	
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ &	500.00	
1C. Other Income and Commercial Loans	\$ 0	\$	0	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1150,00	\$ 38	50.00	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ /2674.66	\$ 38	350.00	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$	0	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1267.66	\$ 38	50.00	
CASH SUMMARY	•			
Cash Balance Beginning of Report	\$ /17.66			
Total Receipts	\$ 1150.00			
Subtotal	\$ 1267.66	-		
Total Disbursements	\$ 1267.66			
CASH BALANCE END OF REPORT	\$ 0	_		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 6	,		
LOANS (Balance at the Close of This Period-3B)	\$ 0]		
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				

Type or Print Name of Candidate or Treasurer CORRIE CAM PBELL

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev 04/2014)

Form prescribed by the Government Accountability Board P.O. Boy 7084 Madison, WI 53707-7084

GAB-2S (Rev 04/2014)

Form prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

RECEIPTS

Page ____ of ____

Contributions (Including Loans) From Individuals receipts have been Complete Committee Name OF CORRIE CAMPBELL -RIENDS Instructions for completing schedules are on the back of each schedule Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Amount of Y-T-D Place of Employment (if year-to-date total Contribution Total exceeds \$100) BUSINESS OWNER MARK ROTHE AMERICAN ANTIQUER 2558 KIVER GRAVELN. 9REENBAYIWI 54303 200.03 200.00 1459 W. MAJON (T.

GREEN BAY WI

54303 Check if: In-Kind Loan Conduit Conduit GABID# DR. PAUL KOCH 5374 MOONLITE DR. DEPERE, WI STILL 50.00 50.00 In-Kind Loan Conduit Conduit GABID# WILLIAM GARNER RETIRED 8106 MERRICIC RD. 500.00 500.00 Loan Conduit Conduit GABID# SUSAN KRAFT RETIRED 3610 SUNNYSLONE DR. 250.00 250.00 Loan Conduit Conduit GABID# SUE AMBERSEN 50.00 50.00 CHARLOTTE NELSON RETTRED 100.00 100,00 Check if: In-Kind Loan Conduit Conduit GABID# In-Kind Loan Conduit Conduit GABID# Check if: \$ 1150.00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE **TOTAL ITEMIZED CONTRIBUTIONS TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

Complete Committee Name
TRIENDS of CORRES CAMPBELL

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/29/	OFFICE DEPOT 1535 WEST MAZONST. GREENBAY, WI Check if: In-Kind Offset 54303	SIGNS	32.98
7/31/	CREEN BAY BLUB 2240 HOLMGREW WAY Check if: In-Kind Offset 54304	SIGNU/BANNERS	36.00
8/5/	GREDWBAY BLUE 2240 HOLMGREW WAY GREEN BAY, WILL Check if: In-Kind Offset 5430+	Signs/BAWNERS	101.00
14	TOP HAT MARKETING 239 LIBAL ST. DEPERE, WI Check IF. In-Kind Offset	POSTCAROS	356,59
8/6/	PEDEX - KINKOS 2219 S. ONDIDAST GREENBAY, WI Check if: In-Kind Offset 54304	FLIERS	30,72
8/8/	US POSTALSERVICE 300 PACKERLAND DRIVE. Check if: In-Kind Offset	STAMPS	98.00
8/11/	GREEN BAY BLUE 2240 HOLMGREN WAY Check if: In-Kind Offset 54304	SIGNS/BANNERS	113.94
8/18/	FACEBOUL ADS 1601 WILLOW RD. MENLU PARK, CA Check if: In-Kind Offset 94025	AOVERTISING	49,90
	SUBT	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 819.13
		TOTAL ITEMIZED EXPENDITURES	\$ 1254.63
	TOTA	L UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 13.03

Complete Committee Name

FRIENDS of CORRIE CAMPBELL

The back of each schedule.

INSURCIONS IO	completing scriedules are on the back of each scriedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
9/6/	GREENBAY BLUE 12240 HOLMGREN WAY GREENBAY, WI Check if: In-Kind Offset 54304	SIGNS/BANNERS	220.50
8/25/14	ASHWAUBENW HOWARD- SUMICO PRESS 1047 MARVELLE ZANE Check if: In-Kind Offset	ADVERTISING	215.00
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	SUB.	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 435.50
		TOTAL ITEMIZED EXPENDITURES	\$ 435.50 \$ 1254.63 \$ 13.03
	ТОТА	L UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 13.03
		TOTAL EXPENDITURES	s 1267.66

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Na	me		7
FRIENDS	OF	CORRIE CAMPBELL	

GAB ID Number
0/05557

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.12(3))

DISPOSAL OF RESIDUA THIS INFORMATION SHO	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2 A AND/OR 2 B.	
Date	Recipient	Amount
OCT. 27, 2014	JON D. ANDERSON 414 E. WALMIST. GREEN BAY. WI 54301	,91

DAN OR DEBT FORGIVEN Pereby forgive all personal loc	ESS ms or have assumed responsibility for any and all debts of my camp	
Date	Endorser, Guarantor, or Creditor	Amount

	This is a non-candidate committee and the committee made over \$2500 in disbursements in the last calendar	year. I
<u> </u>	have paid the \$100 filing fee.	-

I do not owe the \$100 filing fee.

1 do not owe the \$100 ming ice.

OCT. 27, 20/4

TERMINATION REQUEST. I hereby request that the committee regist obligations and does not anticipate incurring any. The committee d disbursements. I further state that the cash balance has been reduced to ***End of Report prescribed by law.

tributions or making any disposed of in the manner

5 of 5

	ON FINANCE REPO MITTEES OF WISC	ONSIN	06293031-72,5
LOCAL COMMITTEES OF WISCONSIN Is This Report an Amendment: Yes No Instructions for completing schedules are on the back of each schedule. COMMITTEE IDENTIFICATION Nampoof Committee			
Instructions for completing schedules are on the b	ack of each schedule.	25.	015
COMMITTEE IDENTIFICATION		324	JAN 2015 89707
Name of Committee Friends of Sandy Di Street Address 221	ickett,	16	OFFICE USE ONE
City, State and Zip Code			Cet 81 (10) dr. jan
Green Bay. WI			
Please check if address as different than previously reported,	and complete the Campaign	Registration Statement	in the back of this form.
NAME OF REPORT			
January Continuing 15 Pre-Primary	Spring	l Special	Termination Report
July Continuing Pre-Election	Spring Fa	II Special	Talso complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	· · · · · · · · · · · · · · · · · · ·
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$ 690,69	\$	
1B. Contributions from Committees (Transfers-In)	\$	\$	
1C. Other Income and Commercial Loans	\$	\$	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 690.60	\$	-
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 1436,40	\$	
2B. Contributions to Committees (Transfers-Out)	\$	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1436,40	\$,
CASH SUMMARY	÷,	•	
Cash Balance Beginning of Report	\$ 769.85		
Total Receipts	\$ 1690.60		•
Subtotal	\$14'60.45		
Total Disbursements	\$1446.42		• •
CASH BALANCE END OF REPORT	s 14 03		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ _	·	
LOANS (Balance at the Close of This Period-3B)	\$]	
I certify that I have examined this report and to the best of	f my knowledge and belief	it is true, correct and	complete
	nature of Candidate or Treasurer	10 AM Date:	1/39/15
She has in so let 10	Spile 11	V billett	GAN 742.781

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

10f3

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page _	of	

Complete Com	mittee Name	1, 4		•
HICY	as of Jamy Luc	- Kell		
	r completing schedules are on the back of ea			
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3181/4	Dennis + Sandy Duke	A con al . L	1. ~ 10	1 Cat-10-Bate 1 Otal
	1 -11/13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,50.00	<i>150</i> L
		Duckett Cousineau Appiaisers		/ 🗸 💆
		11/15 Brand wall		
	Charles Charles Company	Candidate Of Open way was		
Date	Check if:	Conduit Name:	4	Calendar
actions.		Of Employment (if year-to-date total exceeds \$100)	PINA MO	Year-to-Date Total
31114	Dennis + Sandy Ducket		100	100
	/	,	,	250
			· [
	Check if: In-Kind Loan Conduit	Conduit Name:		•
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
Ch . Mill	Oznnis & Sandy Dock	Of Employment (if year-to-date total exceeds \$100)	18.10:11	Kear-to-Date Total
1/11/7	ocini si sarang tack	" Canalda' C	1440,41	TACAN U-
	· #	DUCKELLOUSNEOU HOPPING	1,,0	
		I/A = A I WIT	ŀ	
		Ouckett Cous near Appraise 1/0 5. Broadway (WI Conduit Name:		•
Date -	Check if: In-Kind LLoan Conduit Full Name, Mailing Address and Zip Code			Calendar .
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
. :	·	•		
	·			
	Check if: ☐In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)	·	Year-to-Date Total
' '		-		
	•			
	Check if: In-Kind Loan Conduit	Conduit Name:	A	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1		,		
			·	
	Check if: Cin-Kind Ci Loan Conduit	Conduit Name;		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1. 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
' '				
	·			
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:	America	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
	•		1	
	•			
	Check if: In-Kind ILoan Conduit	Conduit Name:	/ 1)
·	The state of the s		1 CA 100	<i>l</i>
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$6701	•
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
•	ΤΩΤΔΙ	. UNITEMIZED CONTRIBUTIONS \$20 OR LESS	s	۸
			1,000	J
	TOTAL CO	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 6700	

2 of 3

Page ___ of ___

Ce	mplete Comm	ittee Name		,	
L/_ Ins	structions for	completing schedules are on the back of each schedule.			
3	Date 24,14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made POST Card Mania	Specific Purpose of Expenditure Post card design	\$310.84	,
	Date	Building 102, Clear Water 15765 Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount	
3	124114	Of Person or Business to Whom Payment is Made POST CARA MANIA 2/45 Sunny dale Blydge EL Build no 102 Clear Water	Shipping	\$ 13.18	
	Date	Check if: C In-Kind Offset 33765 Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount	
3	31,14	Of Person or Business to Whom Payment is Made GT Printing 1316 Bellevue St WT 54300	Reprint Brochures	173.85	
<u></u>	Date ,	Check if: ☐ lin-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount	
4	11114	Of Person or Business to Whom Payment Is Made	Printing	771.85	
We M	1/2/14	Mason, St. WI 54301 Check if: In-Kind Offset			
4	Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made BMO Tarris Credit Card To	Specific Purpose of Expenditure Piract Mail Dayment	\$ 850. BO	
		Check if: I In-Kind Offset	Polyment		
3	Date 1314	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made POST CARA (MAR) (A	Specific Purpose of Expenditure Posteard BMO Paid through Cied:	4/6.70	Pa
		214 SahaVelale' BIVOL Check if: 1 In-Kind Offset	Paid Throng 1 cara		BI
	Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	-/ 3 Amount	M
3	18114	My Campaign Stors	yard signs	533,25/	UI UI
	- Date	Check if: I In kinDoffset Ville XV 4023. Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount)	
10	13/14	Of Person or Business to Whom Payment is Made Nuclet Bonk	Sevice Charge	75.00	
		Greek if Parkind Offset , W. 5437/	. •		
11	Date 21.14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Rayment is Made	Specific Purpose of Expenditure	Amount	
//	יוזיכו	Micolet Born	Server	\$5 · °	
		Check If: I In-Kind Offset J 5430/			
		SUBTOTAL IT	EMIZED EXPENDITURES THIS PAGE	1446.42	
٠.			TOTAL ITEMIZED EXPENDITURES	\$	
		TOTAL UNITE	MIZED EXPENDITURES \$20 OR LESS	\$ /	
		**************************************	TOTAL EXPENDITURES	\$1446,40	
		End of Report		7 12	• • •

Brown County	1617181920273
Campaign Finance Report Short Form EB-2a State Elections Board	JAN 2015
Spring Fall Special Pre-Primary Continuing Report due Jan. 31, 15 Spring Fall Special Pre-Election Continuing Report due July 20,	10168 JAN 2015
Eisenlein for a Better Green Bay Name of Candidate or Committee (in full)	25 51 - 15 05 879
843 Dousman St. forem By, WT 5430 Address (number and street) Green By, WT 54303 City, State, Zip	<u> </u>
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.	
Signature of Committee Treasurer or Candidate Date Daytime Phone 1/19/15 (920) 284-5	ે કેન ૧૨
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)	

SHORT FORM – Use For "No Activity" Reporting Period

End of Report

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN Is This Report an Amendment: Yes No Instructions for completing schedules are on the back of each schedule. COMMITTEE IDENTIFICATION Name of Committee				
Is This Report an Amendment: Yes	⊠ No	A CANA	S. 183	
Instructions for completing schedules are on the b	ack of each schedule.	/Y 7/3	\$\\\(\sqrt{\sq}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	
COMMITTEE IDENTIFICATION		15 4%.	2 / P. 26 S26 S26	
Name of Committee		1.60 '\	/ 🖼 🖓 🔞	
Street Address Patrick Evans		Too. OF	FICE USEGNLY	
378 David Drive City, State and Zip Code	·	To, oF	1-1800	
Groen Bay, WI 54303-330	7			
Please check if address is different than previously reported,	·	Registration Statement in t	he back of this form. 🔲	
NAME OF REPORT			<u> </u>	
✓ January Continuing 20,5 ☐ Pre-Primary	Spring Fal	II Special	☐ Termination Report	
July Continuing Pre-Election	Spring Fa	II Special	also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Column B		
DISBURSEMENTS	This Period	Calendar		
1. RECEIPTS	-	Year-To-Date		
1A. Contributions (Including Loans) from Individuals	\$	\$ 450.00		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$ -0-		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$ 450.00		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 27.00	\$ 660.54		
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 27.00	\$ 660.54		
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 163.33			
Total Receipts	\$ -0-			
Subtotal	\$ 163.33			
Total Disbursements	\$ 27.00			
CASH BALANCE END OF REPORT	\$ 136 - 33			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	r .		
LOANS (Balance at the Close of This Period-3B)	\$ 2,100.00	<u> </u>		
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				
	lature of Candidate or Treasurer	_	- 11-15-	
JAY J. TIBEETTS, MD TARBULOU	Jay 1. 52.600 /4	Davetima D	hone: 1101/4 777	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

1 1 2

Complete Comm			•
Friends o	of Patrik Edan;		
	completing schedules are on the back of each schedule.	······································	•
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made	1.0	/ Intolik
413114	RAWARD JONE - 3313 O. FORMO, LAND DI. Su. 1- A1	Marking acrown	
₩.		Manyaly Fee	27.00
12 3 14	Do Pene, 101 54115	(300/mo)	
	Check if: In-Kind Offset		·
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Of Forson of Eddiness to Astront Layine of the Made		
	·		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made	.,,,,,	
/ /			
,			
D-4-	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	The state of Business to Wholl I afficilt to Made		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
I	Of Person or Business to Whom Payment is Made		
, ,			
	_		
Date	Check if: I In-Kind Offset Full Name, Mailing Address and Zip Code		
Date	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	2 Thomas Daymond in This is a special to the abo	4	
	•		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		•
, ,			
			,
	Check if:		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made	,	/**************************************
/ /			
	·		1 .
	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Green or Besiness to venous Payment's Made		
ĺ		_	
	Check if: In-Kind Offset	,	
		1	
	SUBTOTAL IT	TEMIZED EXPENDITURES THIS PAGE	\$ 27.00
		TOTAL ITEMISED EVDENDINGS	6 77 22
		TOTAL ITEMIZED EXPENDITURES	\$ 77.00
•			[
	TOTAL UNITE	MIZED EXPENDITURES \$20 OR LESS	\$
	,		
		TOTAL EXPENDITURES	\$ 127.00

End of Report

20+2

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31,
Spring Fall Special Pre-Election	Continuing Report due July 20,
4	RIENDS OF
Name of Candidate or Committee (in full)	OAN R. GOSSACE
Address (number and street)	O KAST KINGE TERLACK
City, State, Zip	EN BAY WI 54311
certify that the above named committee or candidate make disbursements, or incur obligations during the balance remains the same as previously reported. Tel. 11.06(9), Stats.	period covered by this report and that the cash
Signature of Committee Treasurer or Candidate	Date Daytime Phone 01/02/15 1/06 94/8 - 4/22
ED-2a (Kev. 9/95) (Reformation 3/98) (Y2K 9/99)	

SHORT FORM – Use For "No Activity" Reporting Period



1	ON FINANCE REPO MITTEES OF WISC	RT CONSIN 25.252	062728 ₂₉ 30	
Is This Report an Amendment:				
Instructions for completing schedules are on the ba	ack of each schedule.		7	
COMMITTEE IDENTIFICATION		178	N 2015 3 456	
Name of Committee		(e	Silver S	
Friends of Staugh Gruzzer	guski		CFICE USEONLY	
2700 Humbold+ Rd Ap+.	4	200	êi zi î rez	
Green Bay, WI 5431		ļ	·	
Please check if address is different than previously reported,	and complete the Campaign	Registration Statement in t	the back of this form. 🔲	
NAME OF REPORT	•			
January Continuing 2015 Pre-Primary	Spring Fal	1 Special	Termination Report	
July Continuing Pre-Election	Spring Fal	II Special	also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Column B		
DISBURSEMENTS 1 DECEMPTS	This Period	Calendar Year-To-Date		
1. RECEIPTS	115 00			
1A. Contributions (Including Loans) from Individuals	\$ 40.00	\$ 450.00		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s 40. °°	\$ 450.		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 2.30	\$ COM . S	117.60	
2B. Contributions to Committees (Transfers-Out)	\$	\$ —		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2.34	\$ 45050	117.60	
CASH SUMMARY	*			
Cash Balance Beginning of Report	\$ 804.16			
Total Receipts	\$ 40.00	·		
Subtotal	\$ 844.16			
Total Disbursements	\$ 2.36	٠,		
CASH BALANCE END OF REPORT	\$ 941.80			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)				
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Candidate or Treasurer Sign	ature of Candidaty on Troesurer	Date: /	-28-2015	
Staush Gruszynski M	and orzy	Daytime P	-28-2015 hone: 920.2116, 3793	
\mathcal{O}				

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

Complete Committee Name

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ____

Instructions fo	r completing schedules are on the back of ea Full Name, Mailing Address and Zip Code		1 1 1 1 1 1 1	
\$	· -	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
7110114	Dennis Hughes			ر میں
	1652 N. Humbold #49		\$10.00	70.00
	Milwankee, wx 53202		1717	
				•
	Check if: C In-Kind C Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar
10110114	Dennis Huanz	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Dennis Hughia 1652 N. Humbald #4		\$10.00	80.00
	mi (wantee, WI 53202		DIO.	
	my (want cor			
	Check if: In-Kind I Loan Conduit	Conduit Name:		•
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
11 11 01 14	De les la canie de	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
			\$10.00	90.00
	1052 N. Humbold+44		14 10.	10.
	Milwankee, w1 53202	ī		
	Chack if: Tin-Kind Til carff Conduit	Conduit Name:	}	
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
2110114		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
10111	Dennis Hugh-ta	•	\$10.00	100.=
	NOSZ N. Humboldt # 4 milwanterpt 53202		$\varphi[O, -$	<i>γω</i> .
	milwant contisses			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1	,	Of Employment (if year-to-date total exceeds \$100)	,	Year-to-Date Total
• •		•		•
•				
•				
ļ	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
				į

	Check if: [] In-Kind [] Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1. 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
, ,				
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
, ,	,	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
, ,			٠	
			1.	
	Check if: In-Kind I Loan Conduit	Conduit Name:	1	
	Chicar in Education Control		112 00/	*
	SUBTO	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 40.7	
	•	TOTAL ITEMIZED CONTRIBUTIONS	\$ 40 00	
		TO THE ITEMIZED CONTRIBUTIONS	10.	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL COM	ITRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 40.09	
				1

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page	of	
1 434		

Complete Committee Name		,
	·	
	 · ·	

Instructions for	completing schedules are on the back of each schedule.	•	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1213114	Pay Pala	Fee for Service	7 36
	2211 No. 5 an Jose CA, 95 1 31		
	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1			
D-1-	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount '
. 1 1		·	
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	· · · · · · · · · · · · · · · · · · ·		
	•	•	
	Check if: In-Kind Offset	·	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
$t = \hat{t}$	Of Person or Business to Whom Payment is Made		
	Check if: 🖂 In-Kind Offset	,	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
	•		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
	Check if:		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	· Amount
, ,	Of Person or Business to Whom Payment is Made		
.*	Check if: d In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made	opeone : aspect of Experience	·
' '			
	·		
	Check if:		
			7 36
•	SUBTOTAL II	TEMIZED EXPENDITURES THIS PAGE	\$ 2. 2
-		·	
		TOTAL ITEMIZED EXPENDITURES	\$
•	TOTAL UNITE	MIZED EXPENDITURES \$20 OR LESS	\$
	N. J.	TOTAL EXPENDITURES	\$
	e a — e elminie	I O I ME EVI PROLITING	

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN Is This Report an Amendment: Yes No Instructions for completing schedules are on the back of each schedule. COMMITTEE IDENTIFICATION Name of Committee				
Is This Report an Amendment: Yes 🗵 No			\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	202
Instructions for completing schedules are on the b	ack of each schedule.		20	JAN 2015 R
COMMITTEE IDENTIFICATION			\c.	23/
Name of Committee			15	, clin
Friends of Julie Horr	burg		OF	FICEUSE ONLY
2879 Hillcrest Ct City, State and Zip Code				
Green Bay WI 5	4313			
Please check if address is different than previously reported,	and complete the Campaign l	Registration St	atement in tl	he back of this form. 🔲
NAME OF REPORT				
January Continuing Pre-Primary	Spring Fal	I Spe	cial	57 m · · · · · · · · · · · · ·
July Continuing Pre-Election	Spring Fal	ll Spec	cial	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colum	ın B	
DISBURSEMENTS	This Period	Calen		
1. RECEIPTS		Year-To	_	
1A. Contributions (Including Loans) from Individuals	\$ O-00	\$ 2,0	<i>೦೦</i> ೦	
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$:	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 2.00	00°°≥	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1228-49	\$ 2,00	0000	
2B. Contributions to Committees (Transfers-Out)	\$ '-0-	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,228.49	\$ 2,00	0000	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 1,228-49			•
Total Receipts	\$ -0-			
Subtotal	\$ 1228.49			
Total Disbursements	\$ 1228.49			
CASH BALANCE END OF REPORT	\$ -0-			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s -O-			
LOANS (Balance at the Close of This Period-3B) \$ -				
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Candidate or Treasurer Sign	ature of Candidate or Treasurer	Orn bo	Date:	i-4-15
Julia M. Hornburg	Auray N. 7	,	~~\	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Commi	ttee Name		
Frier	nds of Julie Hornburg	g	
	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7 1291 14	Wal Mart 2440 W. Mason St	Paper, Rubber	14.72
	Green Bay WI	Bands	14
Date	Check if: In-Kind Offset 54303 Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
813114	Wal Mart 2440 W. Mason St	Paper, Rubber	16.13
	Green Bay WI Check if: In-Kind Offset 54303	Bands	
Date 8,8,14	Full Name, Mailing Address and Zip Code Of Person or Buşiness to Whom Payment is Made	Specific Purpose of Expenditure	Amount
UIUIT	Wal Mart 2440 W. Mason St	Rubber Bands	4.24
	Check if: In-Kind Offset Bay WI 3303		
Pate 9/11/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1 1 1 1	Perry Hornburg 2879 Hillcrest Ct	Printer Ink	141.26
1	Check if: In-Kind Offset SA313		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
913014	Of Person or Business to Whom Payment is Made	Check from	
1,20 14	Self	Check from Fox Comm. to	1 14
	*	close campaign	1,052.性
	Check if: In-Kind Offset		'
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1			
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1			
	0		
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1			
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
	Check if: In-Kind Offset		
			4.0
	SUBTOTAL ITE	EMIZED EXPENDITURES THIS PAGE	\$ 1,228.49
		TOTAL ITEMIZED EXPENDITURES	\$
	TOTAL UNITER	MIZED EXPENDITURES \$20 OR LESS	\$
		TOTAL EXPENDITURES	s 1778-49

SCHEDULE 3-E

ADDITIONAL DISCLOSURE Contributions Returned to Contributor

Page 1 of 1

Complete Committee Name		
Friends of Julie Hornb	ura	į
Instructions for completing schedules are on the back of each schedule		

Date of Original Contribution	Name and Address of Contributor	Amount Returned
7/09/14	Self	1,052.14
		•
·		•
	TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS	\$
	TOTAL RETURNED CONTRIBUTIONS	<u>\$ 1052-11</u>

SCHEDULE 3-F

ADDITIONAL DISCLOSURE Contributions Donated to Charity or Common School Fund

Instructions for completing schedules are on the back of each schedule.

Date of Donation	Reason for Name and Address of Donee Donation	Amount of Donation
		· ·
	SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS	\$
	TOTAL DONATED CONTRIBUTIONS	

3 of 4

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name	·		
Friends	of Julie	Hornburg	
		·	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or
 obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

	OULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	Amount
Date	Recipient	Allouit
	Julia M. Hornburg (Self)	\$1052·14
a lanka		1 1 1

LOAN OR DEBT FORGIV I hereby forgive all persona	ENESS I loans or have assumed responsibility for any and all debts of my campaign	committee.
Date	Endorser, Guarantor, or Creditor	Amount
		•
	·	-0-
	·	

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Ordin Hornk	MC-		1-4-15
Signature of Candidate or Treasurer	0	Date	

End of Report

y of 4

Campaign Finance Report Short Form EB-2a State Elections Board		
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31, 20/	·S
Spring Fall Special Pre-Election	Continuing Report due July 20,	
Name of Candidate or Committee (in full) — F/A	eiends of Julie Janso	ch
Address (number and street) 0574	Dakwood DRIOE	
City, State, Zip 6 New Ball	9. Wi	
I certify that the above named committee or candidat make disbursements, or incur obligations during the balance remains the same as previously reported. T 11.06(9), Stats.	period covered by this report and that the cash	
Sui Jansen	2/4/15 220.499.880	5
ZB-24 (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)		
	1001128293037	234567897077727374157677
•	É	\$232

SHORT FORM – Use For "No Activity" Reporting Period

End of Report

Campaign Finance Report Short Form EB-2a State Elections Board			
Spring Fall Special Pre-Primary	Continuing Report due Jan	.31, 2015	
Spring Fall Special Pre-Election	Continuing Report due July	~33-	-123 ₉₅₆
Name of Candidate or Committee (in full) 6/6 Address (number and street) City, State, Zip	ndy Juno Lauphin St. CN Bay WI 50	7301 \$5282 DEC	50/4 67/2
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by this report and th	lat the cash	311718/31
Signature of Committee Treasurer or Candidate	Date Daytime Phone		
Sancio Juno	1230-15 920-4	148-4016	
FR_2a (Pay, 0/05) (Paformattad 2/09/00/27) 0/00)			100

SHORT FORM – Use For "No Activity" Reporting Period

End of Report

	GN FINANCE REPO AMITTEES OF WISO	ORT	
Is This Report an Amendment:	No No		Seffice use only
Instructions for completing schedules are on the l	336.7		
COMMITTEE IDENTIFICATION			8
FRIENDS OF CAROL Ke	150		25 77 75 75 75 75 75 75 75 75 75 75 75 75
Street Address	,1~0	\	SFFICE USE ONLY 8
11320 N. CRESTULEW D.	R,		(2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Fountain Hills, AZ	85268		2017181418191
Please check if address is different than previously reported,		Registration Statement	in the back of this form. 🔲
NAME OF REPORT			
☐ January Continuing <u>3015</u> Pre-Primary	Spring Fal	l Special	
July Continuing Pre-Election	Spring Fa	II Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Column B	
DISBURSEMENTS	This Period	Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$	
1B. Contributions from Committees (Transfers-In)	\$	\$	
IC. Other Income and Commercial Loans	\$	\$	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 4	\$ 4	
2B. Contributions to Committees (Transfers-Out)	\$ 1000	\$ 1200	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1004	\$ 1204	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 6372.85		
Total Receipts	\$		
Subtotal	\$		
Total Disbursements	\$ 1004.00		
CASH BALANCE END OF REPORT	\$ 5368.85		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$		
LOANS (Balance at the Close of This Period-3B) \$			
I certify that I have examined this report and to the best of			complete.
Type or Print Name of Candidate or Treasurer Signature of Candidate or Treasurer Signature of Candidate or Treasurer Less Less Date: 1/22/15			
	ail TOFNTEDDY & CO	,	me Phone: 480.584.3628

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	1	of_	_/

Complete Comm	littee Name		
	Friends of CAROL		
Instructions for	completing schedules are on the back of each schedule.		•
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
8120114	Grothman for congress	4.00	16ai-10-Date Iotal
,	Ford on pace 1911 - Lice	1,000	1,000
	Full Name, Mailing Address and Zip Code GOTHMAN FOR CONG (ESS PO BOX 1215 FOND OU LACE, WI 54936 Check it: 1 In-Kind Loan Full Name, Mailing Address and Zip Code		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /			
Date	Check if:	Amount	Calendar
, ,	Tall Falling Address and Elp Godo	·	Year-To-Date Total
' '			
	Check if: ☐ In-Kind ☐ Loan		·
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
	·		
	Check if:		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1	·		1001-10-2010 10101
	Check if:		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1	,		
		·	,
Date	Check if:	Amount	Calendar
, ,			Year-To-Date Total
			·
	Check if: To Jo-Kind To Logo		
Date	Check if: In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
1 1 1 -			Year-To-Date Total
	Check if: 🖸 In-Kind 🖸 Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1	·		
			·
Date	Check if:		Colondor
	t on varies' Mainin Variess and the node	Amount	Calendar Year-To-Date Total
1 1			
	Sharks G to King G to an		
L	Check if: 🖸 In-Kind 🖸 Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers Out Time SACE	. 1,000	
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	s 1,000	
T/ *	TAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	1. 1,000	
10	INT COULTING HOUSE LIGHTSISIS - ORD MINDE TO COMMITTEES	<u> </u>	1



Page ____ of ___

Complete Comm	ittee Name		
Instructions for	completing schedules are on the back of each schedule.		
0 Date 8 1 2 1 4	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made US BANK P.J. BOX 1700	Specific Purpose of Expenditure CANK 755	Amount #
9/13/14	P. J. 150 X 1700 5510 Check if: In-Kind Offset		7
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Parson of Rusiness to When Represent is Made	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made Check if: In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Date / /	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Date / /	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Date / /	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
)	Check if: In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: In-Kind Offset		l f
	SUBTOTAL ITI	EMIZED EXPENDITURES THIS PAGE	\$ 4
		TOTAL ITEMIZED EXPENDITURES	\$
	\$		
Fn	d of Report	TOTAL EXPENDITURES	\$ H

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary Continuing Report due Jan. 31, 2015 Spring Fall Special Pre-Election Continuing Report due July 20,	0 1314151677787930 6 2015
Name of Candidate or Committee (in full) Thomas Lund Address (number and street) 2091 Magy Lane	00 JAN 2015
City, State, Zip Suamico, WI 543/3	150592871787
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.	
Signature of Committee Treasurer or Candidate Date Daytime Phone 1/14/15 920 592-2665 EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)	

SHORT FORM – Use For "No Activity" Reporting Period

End of Report

<i>i</i>	ON FINANCE REPO MITTEES OF WISC	ONCIN		
Is This Report an Amendment: Yes	⊠ No	18	9 10 11 12 13 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
Instructions for completing schedules are on the ba	ack of each schedule.	156	1.40	
COMMITTEE IDENTIFICATION		/m²		
Name of Committee			AN 2015 788	
Friends of Chick Mahlik Street Address			FICE USE ONIO	
3103 S Clay St		Se of	SELCHALLE VOIDA	
City, State and Zip Code Overn Bay, W1 54361		162120	20747877	
Please check if address is different than previously reported,	and complete the Campaign)	Registration Statement in t	he back of this form.	
NAME OF REPORT	· · · · · · · · · · · · · · · · · · ·	is a grant of the second of th		
January Continuing 15 Pre-Primary	Spring 📈 Fall	Special		
July Continuing Pre-Election	☐ Spring ☐ Fal	l Special	☐ Termination Report also complete Schedule 4	
	— oping — ca	opeour		
SUMMARY OF RECEIPTS AND	Column A	Column B		
DISBURSEMENTS	This Period	Calendar		
1. RECEIPTS		Year-To-Date		
1A. Contributions (Including Loans) from Individuals	\$ 820.00	\$ 9,071.00		
1B. Contributions from Committees (Transfers-In)	\$ 250.00	\$ 600.60		
IC. Other Income and Commercial Loans	\$ 0.66	\$ 6.89		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,070.00	\$ 9,677.89		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1,539.41	\$ 8,721,51		
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0000		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,539.61	\$ 8,721.51		
CASH SUMMARY			,	
Cash Balance Beginning of Report	\$ 1,425.99		·	
Total Receipts	\$ 965 1,070.00			
Subtotal	\$ 2,495.99			
Total Disbursements	\$ 1,539.61			
CASH BALANCE END OF REPORT	\$ 956.38			
INCURRED OBLIGATIONS	go.0			
(Balance at the Close of This Period-3A)	D			
LOANS (Balance at the Close of This Period-3B) \$ 4,500.00				
I certify that I have examined this report and to the best of			mplete.	
Type or Print Name of Candidate or Treasurer Sign	nature of Candidate or Treasurer	Date:	14/18	
Charles T. Mahlit	Inte 7 Mb	Daytime P	hone: (926) 360-3 453	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

RECEIPTS Contributions (Including Loans) From Individuals

Page 1 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing school upon or on the back of each school upon

mstructions to	or completing schedules are on the back of ea	ach schedule.		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/21/14	Allan Jamir		\$50.00	50,00
	1002 Trailwood Dr			
	De Pere, WI 54115			
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		Calendar
	•	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
10/24/14	Treat Willinhganz	,	ė	25.00
	1927 Stone Silo Ci		25.00	23.00
	De Pere, WI 54115			
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zlp Code	Cocupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
10 152/14	MIKE Denor	Assesser	-	100.00
	6956 Fairview Rd	Fair Market Assessments	100.00	
	Denmark, W1 54208	2555 Continental Ct Sie 2		
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Green Day, WI 54311 Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar . Year-to-Date Total
10/27/14	Gary Cothern			
	490 Polar is 120	,	25.00	25.00
•	Green Bay, WI 54302			
	Check if: 13 In-Kind 13 Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
H14/14	William Clancy	or Employment (ii your to calle total exceeds \$100)		
	7226 old 57	,	50.00	00.02
	Greenleaf, WI SVIZE	,	50.00	
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:	-	
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/4/14	Barbara Stenger	· · · · · · · · · · · · · · · · · · ·		20.00
	204 Lorne way		20.00	
	De Pere, W1 54115	·		
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11 7.3 734	Michael Demerath	• • • • • • • • • • • • • • • • • • • •		
	3021 Sunshine Pl		50.00	50.00
	Green Bay, W1 54313			
	Check if: In-Kind Loan Conduit	Conduit Name: Act Blue		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
10127/14	Charles Mahlik	G. Employmont (ii year-to-trate total exceeds \$100)		
	3103 3 Clay St		500.00	4,500.00
	Green Bay, w1 5426)			
	Check if: In-Kind XLoan Conduit	Conduit Name:		
		OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ -920.00	820.00
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 324.0	\$20.00
		•		-
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS		
	TOTAL CO	TRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 820.00	

RECEIPTS Contributions from Committees (Transfers-In)

Page 2 of 5

Complete Committe	e Name			
Contracto Committee	C Hains			
Friends	- 6	41	Bank to	
FUSHOS	O 1	CHUZE	wenilk	

instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
10 / 22/ 14	Brown County Democratic Party		Year-To-Date Total
	1 110 a Chestaut Av	250.00	500.00
	Green Bay, WI S4303		
Date	Check if: ☐ In-Kind ☐ Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
Date	Tair reality of constitutes, tribing Address and Zip code	Aitiouit	Year-To-Date Total
$\int_{\mathbb{R}^{n}} I = I$			
	Observation Control Control		
Date	Check if:	Amount	Calendar
		T IIIIO AITE	Year-To-Date Total
1 1			
	Check if:		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
			Year-To-Date Total
1 1 .	•		
	Check if:		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
, ,			
	Check if: C In-Kind C Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1	;		Yeàr-To-Date Total
	Check if: C In-Kind C Loan Full Name of Committee, Mailing Address and Zip Code		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1	•		Teal-10-Date 10tal
	Check if: [] In-Kind [] Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
	·		
Date	Check if: C In-Kind C Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
Dale	i un realite of Contamilies, Maning Address and Alp Code	Millount	Year-To-Date Total
I = I			
			1
	Observation In the Visit In the		1
Date	Check if:	Amount	Calendar
	. an reason of continuous manning reservoir and any code	, allower	Year-To-Date Total
1 1			
	Observity G to Wind G Loan		
	Check if: In-Kind I Loan		
*			
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$ 250.00	
	CONTROL CONTROL (MANOROLOM) THO PAGE	7	4
	·	1	



Complete Committee Name

Friends of Chuck Mahille

instructions for	completing schedules are on the back of each schedule.	•	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10/24/14	office Depot		
	1535 West Mason St	Rubber Bands	8,43
	Green Bay, wi 54303 Check if: 1 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
10/29/14	Of Person or Business to Whom Payment is Made		
10/24/14	Facebook	, d	4,64
	Hacker Way	Advertising	7,07
	Menio Park, CA 94025 Check if: I In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
10/36/14	Of Person or Business to Whom Payment is Made		
	Gannett Wisconsin Media PO Box 59	A shaambu at	1145590
	Appleion, w1 54912-0059	Advertising	11422" 40
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11 / 2/ 14	Shepko	1	
•	301 Bay Park Square	Rubber Bands	5.26
	Green Bay, W1 54304-5294		
Data	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Constitution Designation of Francisco	Amanat
Date	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
H /3 /14	ACT Blue Technical Services		
	366 Summer st	Processing Fee	1.96
	Soinerville IMA OZI44-3132 Check if: 日 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
11/16/14	Of Person or Business to Whom Payment is Made	, , ,	
או ישוי א	Pulaski News		
	ioup S St Augustine St	Advertising	64,00
	Pulaski, wi 54162 Check if: 1 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
		•	v
	<u>_</u>	1	
	Check if: In-Kind Offset	Caralle D	Amanat
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	· Amount
1 1			
•*	Check if: In-Kind Offset		•
Date	Check if: ☐ In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
' '	•		
·	•		
	Check if:		
	SUBTOTAL IT	EMIZED EXPENDITURES THIS PAGE	\$ 1,539.61
		•	
* .		TOTAL ITEMIZED EXPENDITURES	\$ 1,539,01
	TOTAL HINITE	MIZED EXPENDITURES \$20 OR LESS	s O
	IVIAL OMILI		
		TOTAL EXPENDIT 1050	1,539.61

ADDITIONAL DISCLOSURE

Page 4 of 5

Loans Individual, Committee or Commercial

Complete Committe	e Naπ	e		•		
Friends	o, €	Chuck	Mobile	•	•	,

Instructions to	r completing schedules are on	the back of each schedule.				· ·
	Full Name, Mailing Address and	•	Outstanding Balance Beginning	New Loans This	Cumulative Payments	Outstanding Balance
Date	Charles Mahlik		of This Period	Period	This Period	End of This Period
9/2/14	3103 S Clay Sr Green Bay, WI 54301		1,000.00	1,000.00	0	00,0001
	rs or Guarantors (if any)		1			
2017 21 211777				•		
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
• ,		Name and Address of Employer				
	•	Amount Guaranteed Outstanding				
		\$				
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation		•		
	·	Name and Address of Employer		_		
	•••	Amount Guaranteed Outstanding				
		\$	· · · · · · · · · · · · · · · · · · ·			
	Full Name, Mailing Address and	Zip Code of Loan Source	Outstanding Balance Beginning	New Loans This	Cumulative Payments	Outstanding Balance
Date	Charles Mahlik	•	of This Period	Period	This Period	End of This Period
10/11/14	Green Bay, WI	5430]	1,000.00	0	Ö	1,000.00
List All Endorse	rs or Guarantors (if any)					
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation	•			
	•	Name and Address of Employer :				
•	•	Amount Guaranteed Outstanding			The state of the s	
		\$		•		
Full Name/Mail of Guarantor	ing Address and Zip Code	Occupation				
•		Name and Address of Employer	•	•		
		Amount Guaranteed Outstanding				
	Full Name, Mailing Address and	Zin Code of Loan Source	Outstanding	1	Cumulative	Outstanding
	Charles Man	·	Balance Beginning of This Period	New Loans This Period	Payments This Period	Balance End of This Period
Date	3103 S'Clay					
10/29/14	Green Bay, u		6	500.00	. 💍	500.00
List All Endorse	rs or Guarantors (if any)					
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation		,		
or Cooperius.		Name and Address of Employer				
			····			
	•	Amount Guaranteed Outstanding .	, •			
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
	•	Name and Address of Employer	······································	*		
		Amount Guaranteed Outstanding	•	<u> </u>		
	<u> </u>	s				

TOTAL OUTSTANDING LOANS \$ 4,500.60

ADDITIONAL DISCLOSURE

Page <u>5</u> of <u>5</u>

Loans Individual, Committee or Commercial

Complete Committe	е мат	e			
Friends	۰£	Chuck	Mahilic		

Instructions for	or completing schedules are or	the back of each schedule.				
	Full Name, Mailing Address and	Zip Code of Loan Source	Outstanding		Cumulative	Outstanding
		Charles as see		New Loans This	Payments	Balance
Date	Charles Mahlik		of This Period	Period	This Period	End of This Period
	3103 S Clay St	-	~~0	_	,	<u>-</u>
भ / ज्य / / प	Green Bay, wi	54301	50%00	6	0	500.00
List All Endorse	ers or Guarantors (if any)	•				
Full Name, Mai of Guarantor	ling Address and Zip Code	Occupation	-			
		Name and Address of Employer				
	•	Amount Guaranteed Outstanding				
Full Name Mail	ling Address and Zip Code	\$ Occupation :				
of Guarantor	intig Address and Zip Code					
		Name and Address of Employer				
	• • • •	Amount Guaranteed Outstanding	',			
		\$				
	Full Name, Mailing Address and	Zip Code of Loan Source	Outstanding	-	Cumulative	Outstanding
			Balance Beginning	New Loans This	Payments	Balance
Date	Charles Mahi		of This Period	Period	This Period	End of This Period
**	.3103 S Clay Si	-				200.00
5/14/14	Green Bay, w	1 5430)	200,00	o , ,	٥	1-000-00
List All Endorse	rs or Guarantors (if any)					
Full Name, Mail	ing Address and Zip Code	Occupation				
of Guarantor	•			*		
		Name and Address of Employer				
•	•	Amount Courset and Course				
		Amount Guaranteed Outstanding				
Eull Mama Mail	ing Address and Zip Code	\$ Convention				
of Guarantor	ing Address and 2ip Code	Occupation				
		Name and Address of Employer				
		Martie and Address of Employer				
		Amount Guaranteed Outstanding				
		•				
	Full Name, Mailing Address and	7 Code of Law Course	1 0.4.4. "		E 20100000	
			Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date	Charles Mahli	K				
6/ 16/ W	3103 S Clay SI		1,000,00	0	. ©	1,000.00
	S or Guarantors (if any)	1 54301	<u>!</u>		Katanatan	1,000.00
	a di Guarantero (ii diny)					
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation				
		Name and Address of Employer				
	Amount Guaranteed Outstanding					
Cull Magna Marin	ng Address and Zip Code	S			121 (PAP REC CELL)	
of Guarantor	ny Address and Zip Code	Occupation				
•		Name and Address of Employer	,	.		
	·	Amount Guaranteed Outstanding				
•		·				
		\$	· · · · · · · · · · · · · · · · · · ·			

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 2,000.60

TOTAL OUTSTANDING LOANS \$ 4,500.00

End of Report

6 of 6

GN FINANCE REPO IMITTEES OF WISC	ONSIN NATA	17.76	
X	8	1872)	
	0	212	
ack of each schedule.	40	స్ట్రి/	
1 1 1 m 1 1 1	2 4 8	. તાં ^{ગું}	
Street Address Street Address			
1			
and complete the Campaign	Registration Statement in t	he back of this form.	
Spring Fal	I Special	Termination Report	
Spring Fal	II Special	also complete Schedule 4	
Column A	Column B		
This Period	Calendar	·	
\$ 160.00	\$ 6,89200		
s ()	s ()		
s <i>O</i>	s O		
\$ 16000	\$ 6,89200	,	
\$ 3,533.14	s 4.89200		
\$ ()	\$ 0		
\$,3,533,14	\$ 10,29200		
	<u> </u>		
\$ 3, 373.14		•	
\$ 16000			
\$ 3,533,14			
\$ 3,533.14			
\$.01		•	
s			
s O			
f my knowledge and belief	it is true, correct and con	nplete,	
ature of Candidate or Treasurer	Date:	1/9/20/5	
luhellel	Dallung Pi	1920) (107) -	
	MITTEES OF WISC No ack of each schedule. A CICUIT C A CICUIT C A C I and complete the Campaign Spring Fal Column A This Period \$ 160.00 \$ 160.00 \$ 3,533.14 \$ 3,533.14 \$ 3,533.14 \$ 3,533.14 \$ 3,533.14 \$ 3,533.14	MITTEES OF WISCONSIN No ack of each schedule.	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

1 0+4

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

	i		1
Page		of	

Complete Com	nittee Name	Click of Charts		
Instructions fo	r completing schedules are on the back of e	ach schedule.		
Date אין אל	Full Name, Malling Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
0 17 17	11/14 Willand Taxaa	y Attorney	\$ CNOO	100.00
	DIPLY WIL 54115		50.	700
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
8 10 14	Jean Eckus	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	9055. FISK Wan		\$ 2500	25.
	Green Bay, WI 513	4	25.	
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
8 124 14	Horbat Liebman	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
	Lai Sand Bur Bina	h Pd	2500	35.00
	LIXAM WIND TO	17	35,	
,	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
8 24114	Richard Kroitz	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
00 (1	749 Apola 600 0000	71.	~ 00	507
	WIND STANDS		150.	
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
ļ				·
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar
1 1		Or Employment (a year-to-date total exceeds \$100)		Year-to-Date Total
]	
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Vasa ta Data Tatal
1 1		Of Employment (a year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: In-Kind Loan Conduit	Conduit Name:		
		OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	s 1100W	
	SUB :		11,050	
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 100	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ ()	
	TOTAL CO	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	s / (10.00	

2 of 4

Elect Dona Mason for Clark of Circuit Courts				
Instructions for completing schedules are on the back of each schedule,	•			
Date / Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure	Amount			
8 01 14 Of Person or Business to Whom Payment is Made 14 Your Cal Coun Signs 14 X 49 4 yd. 10 Check if: 1 In-Kind Offset 1 1 54954 Signs	\$ 434,96			
Specific Purpose of Expenditure 8,8,14 Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made VIOO WNCY-Grun Bay Radio Anword	\$ 1,997.50 ment			
Check if:	Amount			
Of Person or Business to Whom Payment is Made				
80 19 WTAQ - 1360 Am 197.5 FM Radio	4998.00			
Check if: In-Kind Offset	Amount			
C/C/u/ Of Person or Business to Whom Payment is Made				
1401 WillowRd, ManloPank Service charge Check if: 13 In-Kind Offset (A 947) 35	1 43, 13			
Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure	Amount			
9/15/4 Of Person or Business to Whom Payment is Made	H , 250			
20 N. Adams Street, Service tel	\$ 20.			
Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made	Amount			
10, 414 HSSOCIATED SQMK, Service Fee	\$ 20,00			
Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure	Amount			
6 Person or Business to Whom Hayment is Made 6 11 14 Down Cty Panny 4 Laminated	\$ 1500			
Check if: 1 In-Kind Offset CALIN BALL (LI	10,			
Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made	· Amount			
130/4 Jaky's Pizza brienbay Dinner Party 12 Broadway, Wind offset y Campaign Com	# 43.85			
Date Full Name, Mailing Address and Zip Jode Specific Purpose of Expenditure Of Person or Business to Wnom Payment is Made	Amount			
	·			
Check if: 🖸 In-Kind Offset				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$3,533.14			
TOTAL ITEMIZED EXPENDITURES	3,533.14			
TOTAL (IDENTICES EXCEPTIONES	^			
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$			
TOTAL EXPENDITURES	\$ 3,533.14			

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name	^		<u> </u>	
Elert Donna	Mason for	Clockin	Circuit	Courts
				_

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or
 obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUA THIS INFORMATION SHO	L FUNDS DULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Date	Recipient	Amount
10/21/14	Jonna Masin 2591 Greenwald Street Green Bay WF 54301	#58.85

LOAN OR DEBT FORGING I hereby forgive all person	VENESS al loans or have assumed responsibility for any and all debts of my campa	aign committee.
Date	Endorser, Guarantor, or Creditor	Amount
N/A		•

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

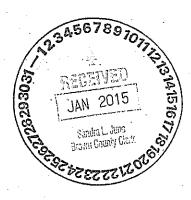
Campaign Finance Short Form EB State Elections B	-2a			
Spring Fall Special	Pre-Primary J	ontinuing Report due Jan. 31,	FRB 2, 2015 .	
Spring Fall Special		ontinuing Report due July 20,		•
Name of Candidate or Committee Address (number and street)		AN CONNITTEE BAZCOCK ROX 3 AU, WI SY		R GOVERNMEN
City, State, Zip				÷
I certify that the above named commake disbursements, or incur oblibalance remains the same as pres 11.06(9), Stats.	gations during the period cov	ered by this report and that the	cash	
Signature of Committee Treasur	er or Candidate Date	Daytime Phone	<u> </u>	
Yauch UN	1 mg 1/0	1/15 920-892	-2302	
FB-2a (Rev. 9/95) (Reformatted 3/98) (\$7*-9/ed)			The state of the s



End of Report

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31, 2015
Spring Fall Special Pre-Election	Continuing Report due July 20,
Name of Candidate or Committee (in full) Address (number and street)	New N. NICHOLSON
I certify that the above named committee or candidate make disbursements, or incur obligations during the perbalance remains the same as previously reported. This 41.05(9), Stats. Signature of Committee Treasurer or Candidate	eriod covered by this report and that the cash
EB-2a'(Rev. 9/95) (Resprinatified 3/98) (Y2K 9/99)	42 [0] 165 33@ 1
	1508 67 89 7077 70 13 14 15 16 77 70 16 16 17 70 16 17 16 17 16 16 17 16

Continuing Report due Jan. 31, <u>20/5</u>
Continuing Report due July 20,
NOTHY J. Nowak ZE PLINE PD.
Bm. W1 54313
te did not receive contributions or other income, period covered by this report and that the cash his report fulfills filing requirements under Sec.
Date Daytime Phone (420) 621-9838



End of Report

					/.	3031-123	4565
Is this report an Amendment?	CAMPAIGN FINANCE REPOSTATE OF WISCONSIN	ORT			7.05.26272823	FEB 201 Sandra L. Jun Provin Granty C	91011121374
COMMITTEE IDENTIL	F Friends of Dan Robinson				/6	r rova Gransy G	17.31
Name of Committee	Friends of Dan Robinson					1502er 8	Sk far
Address	446 Cook Street					OFFICE USI	
City, State, ZIP	De Pere, WI 54115					GAB # ID	105501
NAME OF REPORT	Jan 2015 Continuing Activity from 10/21/2014 - 12/31/2014						
SUMMARY OF RECE	EIPTS AND DISBURSEMENTS	Colu	ımn A	Co	lumn B	Audited Tot	als
1. RECEIPTS		4	Period		YTD	Office Use (
A. Contributions include	ding Loans from Individuals		3,031.86	\$	47,477.07	303335	. 15860-1545, W. F.
	Committees (Transfers-In)		690.00	\$	23,185.00	51922883	46.57 (2.57)
C. Other Income and (Commercial Loans		0.62	\$	322.99	Sydenie G	
TOTAL RECEIPTS (A	dd totals from 1A, 1B, and 1C)		3,722.48	\$	70,985.06	19 (GEE) (GEE)	April 1982 October Stope Service 2
1. DISBURSEMENTS							
A. Gross Expenditures	S		8,532.92	\$	72,687.27	20,7228-9-05	
	mmittees (Transfers-Out)		0.00			And States	
	ENTS (Add totals from 2A and 2B)		8,532.92	\$	72,687.27	13 C (0.00 C)	28224
CASH SUMMARY						12000 4000 2013 Avail	:
Cash Balance at Begi	nning of Report	\$	5,915.75			739.60	
Total Receipts			3,722.48			4.00 A.00 (00 A.00)	
Subtotal			9,638.23				
Total Disbursements	END OF BEDORT		8,532.92				
CASH BALANCE AT		<u> </u>	1,105.31				
LOANS (at close of pe	rions (at close of period)	\$	1,500.00				
						The Anna Control of the Control of t	j
I certify that I have examination Type or Print Name of Candida	ned this report and to the best of my knowle te or Treasurer	edge and belief it Signature of Candid		d comple	te.	Date	
						Daytime Phone	:

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats.

Contributions Contribution				1					Į,	- 1	-				•	
Contributions Including Loans from Incl	75.00	25 00					De Pere Schools				De Pere	2126 Charles Street	Randy	Soquet	10/28/2014	
Contributions Contribution	200.00	100.00					Green Bay			×	Green Bay	3791 Grove Road	Peter	Kellogg	10/27/2014	
Contributions							University of Wisconsin -									
Contributions Contribution	150.00	150.00					Silver Lake College			NI Ni	Green Bay	818 Eliza Street	Eric	Hoyer	10/27/2014	
Contributions Including Loans from Including Loans Includi	500.00	500.00					retired		1	≦	7 Madison	110 S Henry St. Apt	John	Frantz	10/27/2014	
Contributions Including Loans from Incl	125.00	125.00					Center	rator	1		Chilton	267 Kiesner Dr.	Tim	Richman	10/25/2014	
Contributions Including Loans from							Medical							•		
Contributions Including Loans from Schedule Applications Schedule Applications App	00.00						Calument									
Contributions Including Loans from Incl	50.00	50.00								ž		849 Keyes St.	Janet	Kaulz	10/25/2014	
Contributions Including Loans from SCHEDULE 1-A Individuals Including Loans from	150.00	150,00					SV/SM Green Bay			≦		2500 Bittersweet Ave	Lawerence	Connors	10/25/2014	
Contributions Contribution	50.00	50.00							54301	×	Green Bay	717 Chantilly Rue	Tom	Bayer	10/25/2014	
Contributions Including Loans from Incl	5394.77	8.86	54115			ant				<u>≅</u>	De Pere	446 Cook Street	Daniel	Robinson	10/24/2014	
Contributions Including Loans from Incl	50,00	25.00					Green Bay Public Schools		۲.		De Pere	535 Brule Rd	Eileen	Johnson	10/23/2014	
Contributions Contribution	50.00	20.00							54313	M	Green Bay	1865 Westline Road	Patricia	Schock	10/23/2014	
Contributions Including Loans from Including Loans from SCHEDULE 1-A Individuals Individual	125.00	25.00	54115		:	ļ	Markeling, Inc.		1	W		2659 Shag Bark Lane	Paul	Willems	10/23/2014	
Contributions Including Loans from Incl	75.00	25.00							54115- 4159	t	De Pere	800 € River Dr	Cletus	Delvaux	10/22/2014	
Contributions Including Loans from SCHEDULE 1-A Individuals SCHEDULE 1-A INDIVIDUAL SCH	10.00	10.00			-				54115	1	De Pere	600 James St. #101	Cristina	Burrill	10/22/2014	
Contributions Including Loans from SCHEDULE 1-A Individuals Including Loans from	400.00	400.00						unemployed	_	Z	Rochester	180 Virginia Ave	Sarah	Yarowsky	10/21/2014	
Contributions Including Loans from SCHEDULE 1.4. Individuals Including Loans from	50.00	50.00							54302	×	Green Bay	Rd.	Gary	Umhoefer	10/21/2014	
Contributions Including Loans from SCHEDULE 1-A Individuals SCHEDULE	50.00	50.00			1				1		De Pere		Allan		10/21/2014	
		AMOUNT	EMPLOY ER ZIP CODE	EMPLO YER STATE			EMPLOYER NAME	NOCCUPATION:	20.000000000000000000000000000000000000		TID	Latin Grant Land, and a series of the control of th	ons from	ributi ding I iduals		Personal

50.00	50.00						54301	ı Bay Wi	Green Bay	2716 Lola Dr	Antonia	Davis	11/01/2014		
25.00	25.00							lw e		509 N. Superior St	Amy	Ritter	10/31/2014		
50.00	50.00					retired	54302	ı Bay Wi		2548 Remington Rd	Hans	Lux	10/31/2014		
210.00	100.00				None		54311- 7296	Bay WI	d Green Bay	2971 Durham Rd	Judith	Heidner	10/31/2014		
100.00	25.00				DePere Unified School District	Teacher	54115	are WI	De Pere	133 Scout Way	James	Lehnert	10/30/2014		
25.00	25.00						54165	our WI	Seymour	614 Ivory Street	April	Skenandore	10/30/2014		
25.00	25.00				Oneida Tribe of Indians	historian	54155		tel Rd. Oneida	N6390 Van Boxtel Rd.	Lorelta	Meloxen	10/30/2014		
25.00	25.00						54155	DA WI	ONEIDA	PO BOX 133	JOANN	"NINHAM,"	10/30/2014		
100.00	100.00				Oneida Tribe of Indians	Veterns- Manager	54115		Ave. De Pere	702 N. Webster Ave.	Kerry	Metoxen	10/30/2014		-
20.00	20.00						54115	yre WI	d De Pere	W1301 Ray Road	Cheryl	Vandenberg	10/30/2014		
10.00	10.00									N6018 Cly Road H	Denise	Vigue	10/30/2014		
60.00	60.00				Oneida Tribe of Indians	Investigator- Background	54155	a WI	d Rd. Oneida	3325 N. Overland Rd	Barbara	Ninham	10/30/2014		
10.00	10.00						54307	Bay WI	Green Bay	PO Box 10791	CS	玉	10/30/2014		
25.00	25.00						54155		Oneida	W732 Hwy 54	Geraldine	Danforth	10/30/2014		
10.00	10,00						54303	ay		345 Northern Ave.	Jeffrey	Carlson	10/30/2014		
50.00	50.00						54115		Drive De Pere	5542 Sportsman Drive	Dave	Wegge	10/30/2014		:
300.00	300.00				Thomson Reuters	Sr. Attorney Editor	14619	ester NY	Rochester	180 Virginia Ave	Michael	Yarowsky	10/28/2014		
50.00	50.00						54313	Bay WI	ok Ct. Green Bay	736 Meadowbrook Ct.	Kim	McCarthy	10/28/2014		
100.00	100.00				St. Norbert College	Administrative Assistant	54313	Bay WI	y Green Bay	1566 Rustic Way	Monica	Golomski	10/28/2014		
125.00	25.00				retired		54115	ie WI	ve De Pere	1216 Outward Ave	Robert		10/28/2014		
155.07					Retired	Retired Educator	54115- 4109		De	1975 Ridgeway Dr	Bernadine	Williamsen	10/2		
	AMOUNT	EMPLO EMPLOY YER ERIZIP STATE CODE	EMPLOYER E	EMPLOY ER ADDRES S	EMPLOYER NAME	OCCUPATION TITLE		LIS AID	grad a	Address	FIRST NAME	LASTNAME	DATE	CO ND UIT ID Personal NU ERSONAL ERSONAL ERSON	<u>GNIX-N</u>
											oans from	Contributions Including Loans from Individuals	SCHEDULE 1-A		
															

	3.00							54311	<u>≥</u>	Green Bay	3373 Paula St,	Bryan	Nutter	11/23/2014		
5.00	5.00							54115	≦	De Pere	1162 Swan Rd.	Cindy	Pfeffer	11/23/2014		
5.00	5.00							54311	/ WI	Green Bay	2136 Bluebill St.	Edwin	Fredrichs	11/23/2014		
5.00	5,00							54311	/	Green Bay	3152 Turquise Trl	Michael	Mack	11/23/2014		
55.00	5,00		<u></u>			Brown County	Social Worker	54311	<u>\</u>	Green Bay	2688 Vonda Drive	Cheryl	Skenandore	11/23/2014		
5.00	5.00					University of Wisconsin- Green Bay	Professor Emeritus	54229	¥	New Franken	1429 Spartan Road	Robert	Wenger	11/23/2014		
5.00	5,00							54311- 5925		Green Bay	801 Forest Hill Dr	Julie	Harder	11/23/2014		
100.00	50.00						retired	54304	\ ا	Green Bay	844 Neufeld St.	Jean	Fiedler	11/08/2014		
50.00	50,00					St. Norbert College	History Professor	ı	¥	DePere	918 Georgia Dr.	Cheryl	Kalny	11/03/2014		
25.00	25.00					Peak Performance Real Estate Services	Real Estate Agent	54311	×	Green Bay	550 Fair Winds Ln	Alex	Roup	11/02/2014		
M D	AMOUNT THUOMA	EMPLOY ER ZIP CODE	EMPLO YER STATE	EMPLOYER CITY	EMPLOY ER ADDRES		OCCUPATION TITLE	ZIP	<u>S</u>	. <u>CITY</u>	ADDRESS	FIRST NAME	LASTNAME	<u>DATE</u>	Personal NO IO	IN-KIND Pe
	AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON NAMED IN COLUMN								-							
									_			ins .oans from	Contributions Including Loans from Individuals	SCHEDULE 1-A		

				,				N-KIND			
					10/29/2014	11/04/2014	11/01/2014	DATE	1		
					Friends of Katrina Shankland	The Democratic Party of Brown County	4	COMMITTEE NAME			
					105374	0300016	0500217	GAB ID Number		SCHEDULE 1-B	
					PO Box 531	PO Box 11291	2125-A S Memorial Place	ADDRESS		Contributions from Committees	
					oint		Sheboygan	CITY			
					≦	١W	M	ST			
Ī					54481	54307	53081- 3714	∴ ZIP			
					100.00	90.00	500.00	TNOOMA			
					100.00	90,00	500.00	<u> </u>			

Other Income and SCHEDULE 1-C Commercial Loans

	 	 	 						_	-	585000	2899-0	
					14	12/31/20	14	11/30/20	14	10/31/20	DATE		
					Harbor Credit Union		Harbor Credit Union		Harbor Credit Union		DATE LAST NAME/BUSINESS NAME FIRST NAME		
											FIRST NAME		
											GAB ID		
					800 Weise St		800 Weise St		800 Weise St		<u>ADDRESS</u>		
					Green Bay WI 54302		Green Bay		Green Bay		CITY		
					≦		≤		3ay WI		ST		
					54302		WI 54302		54302		ZIP		
					Income	Interest	Income	Interest	54302 Income	Interest	INCOME	REASON FOR	
					\$ 0.09		\$ 0.14		\$ 0.39		AMOUNT		

							<u>COMMENTS</u>		
						•			

Gross Expenditures (NOT contributions to other committees)

SCHEDULE 2-A

					:::::::::::::::::::::::::::::::::::::::							
PERSONAL	<u> </u>						60% (# 27 %)		EXPENSE PURPOSE			EXP/RECOUN
IN-KIND LOANIPYMT		LAST NAME/BUSINESS NAME FIRST NAME GAB ID	FIRST NAME	GAB II	ADDRESS	CITY	TS	ZIP.	CODE	AMOUNT	COMMENTS	T
	10/21/20 14	St. Norbert College			100 Grant St.	De Pere	٤	54115	PB	24.37		
	10/21/20 14	Facebook, Inc.			1601 Willow Road	Mento Park	CA	CA 94025	MEDO	33.55		TATAL CONTRACTOR CONTR
	10/21/20	Cumulus Green Bay			810 Victoria St.	Green Bay	≦	54302	MEDR	1,552.00		
	10/23/20 14	Facebook, Inc.			1601 Willow Road	Menlo Park	ς Σ	94025	MEDO	55.56		
	10/24/20 14	SNC Digital Print Center			100 Grant St.	De Pere	≦	54115	PCP	17.72		
	10/24/20 14	Robinson	Dan		446 Cook St.	De Pere	<u>×</u>	54115	PCP	8.86		
	10/27/20 14	Facebook, Inc.			1601 Willow Road	Menlo Park	<u>₹</u>	94025	MEDO	254.82		
	10/27/20 14	Yaworsky	Sarah		180 Virginia Ave	Rochester	Z Y	14619	ADMEX	300.00	300.00 reimburse donation	
	10/30/20 14	SNC Digital Print Center			100 Grant St.	De Pere	≦	54115	PB .	434.80		
	10/31/20 14	SNC Digital Print Center			100 Grant St.	De Pere	Σ	54115	PB	99.70		
	10/31/20 14	Facebook, Inc.			1601 Willow Road	Mento Park	CA	CA 94025	MEDO	300.70		
	10/31/20 14	Midwest Communications			1420 Bellevue Street	Green Bay	<u>×</u>	54311	MEDR	672.00		
	10/31/20 14	Harbor Credit Union			800 Weise Street	Green Bay	≦	54302	ADMBF	2.80		
	11/04/20 14	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	541.31		
	11/09/20 14	Cumulus Green Bay			810 Victoria St.	Green Bay	≦	54302	MEDR	604.00		
	11/17/20	St. Norbert College			100 Grant St.	De Pere	≦	54115	POST	11.90		
	11/30/20 14	Harbor Credit Union			800 Weise Street	Green Bay	≦	54302	ADMBF	0.60		
	12/01/20 14	Facebook, Inc.			1601 Willow Road	Menlo Park	CA	94025	MEDO	86.08		
	12/18/20 14	Robinson	Dan		446 Cook St.	De Pere	≦	54115	ADMEX	3,500.00	3,500.00 Loan Repayment	

Gross Expenditures (NOT contributions to other

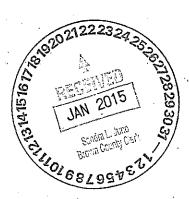
SCHEDULE 2-A

committees)

						_							
				Ц		_							
22.15 total for activity period	22.15 tota	ACT		MA 2144	Somerville		366 Summer Street			ActBlue Technical Services			
	0.00	CHU	0,002	1	701	- 1					/31/20		
	10 00	ADMRE	54302	<u> </u>	Green Bay WI 54302 ADMRF	<u> </u>	800 Weise Street			Harbor Credit Union	12/31/20		
COMMENTS	A 444 N. T. C.	EXPENSE PURPOSE CODE MONOMORPHICAL STATEMENT OF THE PURPOSE OF T		alz <u>IS</u>	CITY	提通道 49条道	ADDRESS	GAB II	FIRST NAME	DATE LAST NAME/BUSINESS NAME FIRST NAME GAB ID	DATE	PERSONAL LOAN PYMT	N-KIND
				-								İ	

End of Report

Campaign Finance Report Short Form EB-2a State Elections Board		_
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31, 2019 Continuing Report due July 20,	<u>.</u>
Cities of Seber Name of Candidate or Committee (in full) 490 Musters Lave Address (number and street) Green 364, W2 543/1 City, State, Zip		
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. Th 11.06(9), Stats.	period covered by this report and that the cash	
Signature of Committee Treasurer or Candidate The Atom The Committee 3/98) (V2V 9/99) FB-29 / Rev. 9/95) [Metormatted 3/98) (V2V 9/99)	Date Daytime Phone 1-21-15 900: 680.636	6



End of Report

CAMPA	GN FINANCE REPO	RT 613	3/2	
1	MMITTEES OF WISC	ONSIN		
CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN Is This Report an Amendment: Yes No Instructions for completing schedules are on the back of each schedule. COMMITTEE IDENTIFICATION Name of Committee				
Instructions for completing schedules are on the	back of each schedule.		JAN 35	
COMMITTEE IDENTIFICATION		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Because Coopy Coopy	
Name of Committee Jam Smith for Clork of	- Circuit Const	NEOF GLOSS	> 1566	
Street Address	CITCUIT COUNTY	OF	FICE USE ONLY	
2829 St Pats Dr				
City, State and Zip Code Coreen Bay, WI 543	12			
Please check if address is different than previously reported		Registration Statement in t	he back of this form.	
NAME OF REPORT	,		· · · · · · · · · · · · · · · · · · ·	
January Continuing DE Pre-Primary	Spring Fal	1 Special	V	
			Termination Report	
July Continuing Pre-Election	Spring Fal	II Special	lalsd complete Schedule 4	
SUMMARY OF RECEIPTS AND	C-1	Column B		
DISBURSEMENTS	Column A This Period	Column B Calendar		
1. RECEIPTS		Year-To-Date		
1A. Contributions (Including Loans) from Individuals	\$.	\$		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$	\$		
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$		
CASH SUMMARY	<u> </u>		,	
Cash Balance Beginning of Report	\$ 233 700			
	\$	·		
Total Receipts Subtotal	\$		•	
Total Disbursements	\$ 233 700	4.		
CASH BALANCE END OF REPORT	s. 0			
INCURRED OBLIGATIONS				
(Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$			
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Candidate or Treasurer Si	gnature of Candidate or Treasurer	Date:	19/15	
Thomas E. Smith	Then That	7 2000 -	1/9/15 hone: 418-4052	
111011a> ()m17()	men 1 one	Daytime P	none: 110-703 C	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

1073



DISBURSEMENTS Gross Expenditures

Page	of	

Complete Committee Name		_
	•	
· · · · · · · · · · · · · · · · · · ·		

Instructions for	completing schedules are on the back of each schedule.	·	•
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
9'1'14	Of Person or Business to Whom Payment is Made Thomas Smith (Self) 2829 St Rats Pr Green Bay, WI 543/3	Termination	233, 28
' ' ' /	6 men Bay WIT E43/2	,	
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
Date	Check if: D In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	
	Of Person or Business to Whom Payment is Made	Specific Purpose of Experiorure	Amount `
1 1		`	
	Chack if: 🗔 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
—	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zlp Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	_	• • •	[
	Check if:		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
. ,	, ,		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	·		
	Check if: In-Kind Offset	•	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
	·		
.*	•		
	Check if: C In-Kind Offset	O. J.C. D. J.C. T. J. J.C. J.	A
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	·	•	
	•		
	Check if: In-Kind Offset	•	
	PURTOTAL IT	EMIZED EVDENDITUBES THIS DACE	•
	SUBTUTALTE	EMIZED EXPENDITURES THIS PAGE	\$
		TOTAL ITEMIZED EXPENDITURES	\$
	TOTAL UNITEN	MIZED EXPENDITURES \$20 OR LESS	\$
		TOTAL EXPENDITURES	l e

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name		-,		,	
Tom Smith	for Clerk	of o	Pircuit	Cours	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL THIS INFORMATION SHO	. FUNDS JULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Date	Recipient	Amount
9/1/14	Tom Smity	233, 700

N OR DEBT FORGIVENE	as or have assumed responsibility for any and all debts of my camp	oaign committee.
Date	Endorser, Guarantor, or Creditor	Amount
		a de la company
		er e
		, and the state of
	•	

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Data

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN GAB-2

COMMITTEE IDENTIFICATION

Filing Period Name:	January Continuing 2015
	Covers all activity from 10/21/2014 through 12/31/2014
Name of Committee/Corporation:	Steffen for Wisconsin
Street Address:	1593 Redstone Trail
City, State and Zip:	Howard, WI 54313

OFFICE USE ONLY

Sental Jest

GAB ID: 01055392076191119

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$2,875.00	\$63,707.32
1B. Contributions from Committees (Transfers-In)	\$1,300.00	\$14,625.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$4,175.00	\$78,332.32
2. DISBURSEMENTS	· ·	
2A. Gross Expenditures	\$3,815.11	\$54,478.68
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$3,815.11	\$54,478.68

CASH SUMMARY

Cash Balance Beginning of Report*	\$23,493.75	
Total Receipts	\$4,175.00	
Subtotal	\$27,668.75	
Total Disbursements	\$3,815.11	
CASH BALANCE END OF REPORT*	\$23,853.64	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$20,000.00	

^{*}Cash Balance as reported by committee

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer:	Signature of Candidate or Treasurer	Date:	Daytime Phone:
Deppeler, Dan	Dan Deppeler	Email:	wakbrd@msn.com

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the containing state (\$10.20, 11.61, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A

RECEIPTS Contributions From Individuals

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Conduit Co	ontribution		*		<u> </u>		
10/22/2014	Weyenberg, Cindy A.	104 Hedgeview Dr, Neenah, WI 54956	Realtor	Coldwell Banker The R E Group	105 E Bell St, Neenah, WI 54956	\$25.00	\$0.00
10/22/2014	Weyenberg, Peter G.	104 Hedgeview Dr, Neenah, WI 54956	Realtor	Coldwell Banker The R E Group	105 E Bell St, Neenah, WI 54956	\$25.00	\$0.00
11/15/2014	Boldt, Thomas	1521 N Briarcliff Dr, Appleton, WI 54915	Chief Executive Officer	The Boldt Company	2525 N Roemer Rd, Appleton, WI 54911	\$250.00	\$0.00
11/15/2014	Greenheck, Robert	3810 Sternberg Ave, Schofield, WI 54476	Executive VP	Greenheck Fan Corp	400 Ross Ave, Schofield, WI 54476	\$100.00	\$0.00
11/15/2014	Spude, Michael	E4741 Rolling Ridge Rd, Spring Green, WI 53588	President	Flexion Inc.	1500 W Main St Ste 500, Sun Prairie, WI 53590	\$300.00	\$0.00
11/15/2014	Muenster, Karen	N5804 French Rd, Seymour, WI 54165	Dairy Producer	Muenster Homestead Farms	N5804 French Rd, Seymour, WI 54165	\$50.00	\$0.00
					Sub Total	\$750.00	
Monetary							
10/21/2014	Zeuske, Cate	2234 Skyline Pines Blvd, Green Bay, WI 54313	DIRECTOR	Taxpayers Network Inc.	721 Cardinal Lane, Suite 105, Howard, WI 54313	\$250.00	\$0.00
10/21/2014	Wissink, Randy	411 St. mary's Boulevard, Green Bay, WI 54301	MANAGER	Green Bay Seven Up Bottling Company	2077 Airport Dr, Green Bay, WI 54313	\$100.00	\$0.00
10/22/2014	Nabak, Nancy	410 Stoneridge Road, Green Bay, WI 54302	RETIRED			\$100.00	\$0.00
10/22/2014	Lammers, Chris	3061 Harbor Winds Drive, Suamico, WI 54173	MANAGER			\$25.00	\$0.00
10/22/2014	Raaaths, Bill	395 Stroebe Rd, Appleton, WI 54914	RETIRED			\$500.00	\$0.00
10/22/2014	Schneider, Patricia	3313 Vista Road, Green Bay, WI 54301	RETIRED		22 E. Mifflin St. Suite 1010, Madison, WI 53703	\$500.00	\$0.00

Monetary							· · · · · · · · · · · · · · · · · · ·
10/25/2014	Wirth, Sheri	1749 Riverside Dr, Suamico, WI 54173	OWNER	Design Ala Mode, 1749 Riverside Dr, Suamico, WI 54	2555 Lineville Rd, Howard, WI 54313	\$100.00	\$0.00
10/21/2014	Bechthold, Charles	10120 N. Vintage Court, Mequon, WI 53092	VICE PRESIDENT	Payne and Dolan, Inc., PO Box 781, Waukesha, WI 53	812 S. 87th Street, West Allis, WI 53214	\$125.00	\$0.00
10/28/2014	Tierney, Jodi	5710 Taychopera Rd, Madison, WI 53705	VICE PRESIDENT, GOVERNMENT AFFAIRS	Unitedhealth Group	10 East Doty #831, Madison, WI 53703	\$350.00	\$0.00
10/29/2014	Tome, Sharon	3923 Lowell Street, Two Rivers, WI 54241	EMPLOYEE	Shoreline Credit Union	2648 Memorial Dr, Two Rivers, WI 54241	\$75.00	\$0.00
					Sub Total	\$2,125.00	
			1	Total Unitemiz	ed Contributions	\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total					\$2,875.00		
Non-Monetary (-):					\$0.00		
Loan Forgiven (-):						\$0.00	
		19 (5) (B) (C) (C) (B) (B)			Total	\$2,875.00	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Amount	YTD
Monetary				
10/21/2014	Beverage Association PAC	1101 Sixteenth St. NW, Washington, DC 20036	\$250.00	\$0.00
10/21/2014	Managed Health Services Insurance Corp.	10700 West Research Drive, 3rd Floor, Milwaukee, WI 53226	\$300.00	\$300.00
10/22/2014	NFIB	1201 F. Street, NW Ste 200, Washington, DC 20004	\$250.00	\$0.00
10/27/2014	WI State Council of Carpenters	115 West Main Street, Madison, WI 53703	\$250.00	\$0.00
10/28/2014	Building A Better WI	660 John Nolen Dr, Ste 320, Madison, WI 53713-1469	\$250.00	\$0.00
		Sub Total	\$1,300.00	
	ng Panggan ang ang Kabupatèn Sa	Grand Total	\$1,300.00	
		Non-Monetary (-):	\$0.00	
		Total	\$1,300.00	

SCHEDULE 1-C RECEIPTS Other Income and Commercial Loans

Complete Committee Name:

Steffen for Wisconsin

Date	Full Name	9	Address	Amount YTD
AND STREET, STREET,		1.5 50 6.5 5	Total	\$0.00

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name: Steffen for Wisconsin

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Monetary						
10/28/2014	Rock Garden	1951 Bond Street, Green Bay, WI 54303			Party Exp - Election Night	\$100.00
10/28/2014	MailHaus	1745 Suburban Drive, De Pere, WI 54115			Mailing Service	\$2,330.70
10/28/2014	Kuehn Printing	401 N Quincy, Green Bay, WI 54301			Mailing Service	\$567.59
10/29/2014	Kuehn Printing	401 N Quincy, Green Bay, WI 54301			Mailing Service	\$630.89
11/04/2014	Rock Garden	1951 Bond Street, Green Bay, WI 54303			Party Exp - Election Night	\$50.00
11/04/2014	Rock Garden	1951 Bond Street, Green Bay, WI 54303			Party Exp - Election Night	\$58.50
11/04/2014	PayPal	2211 North First Street, San Jose, CA 95131			Mailing Service	\$42.43
11/10/2014	Constant Contact	1601 Rapelo Road, Waltham, MA 02451			Mailing Service	\$35.00
					Sub Total	\$3,815.11
					Grand Total	\$3,815.11
				No	n-Monetary (-):	\$0.00
the solution			e de la companie de l	egilak dan dan dan dan	Total	\$3,815.11

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Committee Name:

Steffen for Wisconsin

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
		September 1918 and trade to		Grand Total	\$0.00
		in Period of Laboratoria in the second	No	n-Monetary (-):	\$0.00
			Registrant In-Kin	d Sub Total (-):	\$0.00
				Total	\$0.00

SCHEDULE 3-A

ADDITIONAL DISCLOSURE

Incurred Obligations Excluding Loans

Complete Committee Name:

Steffen for Wisconsin

Beginning Incurred Obligation Amount:

\$0.00

Date Full Name	Address	Amount
	Grand Total	\$0.00

Pate Full Name Amount	Paid
Grand Total	\$0.00
Outstanding Incurred Obligations End of Report	\$0.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

Complete Committee Name:

Steffen for Wisconsin

Beginning Loan Balance:

\$20,000.00

Amount	Date Full Name Address
\$0.00	Grand Total
Amount Paid	Date Full Name
\$0.00	Grand Total
\$20,000.00	Outstanding Loans End of Report

Campaign Finance Report Short Form EB-2a State Elections Board		
Spring Fall Special Pre-Primary	Continuing	g Report due Jan. 31, 20/5
Spring Fall Special Pre-Election	Continuing	g Report due July 20,
Name of Candidate or Committee (in full) Streckenbach for Brown C Address (number and street) P.O. Box 2-2283 City, State, Zip Green Bay, wit S		ewhive
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by	this report and that the cash
Signature of Committee Teasurer or Candidate	Date	Daytime Phone
EB-2a (Rev #195) (Reformatted 3/98) (Y2K 9/99)	1/31/2015	920 2882231



End of Report

1	ON FINANCE REPO MITTEES OF WISC		/\?	FEB 2015 FEB 2015
Is This Report an Amendment:	No			
Instructions for completing schedules are on the ba	62128293037	FFR 2015 4		
COMMITTEE IDENTIFICATION			128	5
Name of Committee Friends of Vander	150	THE CONTROLS		
Street Address 1422 Beech Tree			OF.	EREE TALE ONLY
City, State and Zip Code Green Bay, WI 5	54304			
Please check if address is different than previously reported,	and complete the Campaign	Registration St	atement in tl	ne back of this form. 🔲
NAME OF REPORT				
January Continuing 205 Pre-Primary	Spring Fal	l 🔲 Spe	cial	
July Continuing Pre-Election	Spring Fal	II Spe	cial	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum Calen	ıdar	
1. RECEIPTS		Year-To	-Date	
1A. Contributions (Including Loans) from Individuals	\$ Q	\$		
1B. Contributions from Committees (Transfers-In)	\$ ()	\$		
1C. Other Income and Commercial Loans	s Q	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ \(\overline{\chi} \)	\$		
2. DISBURSEMENTS		. *		
2A. Gross Expenditures	\$ 350.00	\$		
2B. Contributions to Committees (Transfers-Out)	s <u> </u>	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 350.00	\$		
CASH SUMMARY			-	
Cash Balance Beginning of Report	\$ 3,062.56			
Total Receipts	\$ 0.00		•	
Subtotal	s 3,062.56			
Total Disbursements	\$ 350.00			
CASH BALANCE END OF REPORT	s. 2,712.56			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00			
LOANS (Balance at the Close of This Period-3B)	\$ 0.00			
I certify that I have examined this report and to the best o	f my knowledge and belief	it is true, cori	rect and con	nplete.
Type or Print Name of Candidate or Treasurer Sign	ature of Candidate or Treasurer		Date: 2	115
John A. VanderLeest	ph Ust		Daytime Ph	ione: 920-737-0999

NOTE: The information on this form is required by ss.11.06, 11(20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

fg. 1 of 2.

DISBURSEMENTS Gross Expenditures

Page ____ of ___

Complete Comm		-1:	7	
171	ends of Vander Lee	S†	·	
Instructions for	completing schedules are on the back of ear			
Date	Full Name, Mailing Address and Zip Code Of Person of Business to Whom Payment is Mac	Specifi	c Purpose of Expenditure	Amount
12/19/15	The Nines		ain Oat	#2mna
12,11,3	121 C. Mashington ST	NEUT	GIR Party	OUN CC 4
	121 S. Washington ST Green BAY, LOT S4301		\bigcup I	
	Check it: C in-Kind Offset .			0
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Mad		c Purpose of Expenditure	Amount
1 1	· · · · · · · · · · · · · · · · · · ·			
	·		-	
Date	Check if: C In-Kind Offset Full Name, Mailing Address and Zip Code	Specific	ic Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Mac		o Fulbose of Experionate	, mount
/ /		•		
,	Charles E to Igna or at			
Date	Check if:	Specifi	ic Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Mac			
' '		•		
		•	•	
	Check if: 🔯 In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code		ic Purpose of Expenditure	Amount
i i	Of Person or Business to Whom Payment is Mad	ie	-	
' '				•
	Check if: In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code		ic Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Mad	je <u> </u>		
	•			
	Check if: In-Kind Offset			A
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Mad		ic Purpose of Expenditure	Amount
1 1	•			
				V
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Code	Specif	ic Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Mad	,		
/ /				
			•	
	Check if: In-Kind Offset			1
Date	Full Name, Mailing Address and Zip Code		ic Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Mad	de .		
' '				
			•	
	Check if: In-Kind Offset			
	· · · · · · · · · · · · · · · · · · ·	······································		
		CÚDTOTAL ITEMIZED EY	PENDITURES THIS PAGE	\$
•	·	OUDIO! AL HENNEED EV	, LITERIONES HIS PAGE	
	\$			
•				
		TOTAL UNITEMIZED EXP	ENDITURES \$20 OR LESS	\$

·····En	d of Report***		TOTAL EXPENDITURES	.\$
	-			

fg. 20f2

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN			3.14.25.26.27.28.	031-120
Is This Report an Amendment: 🔲 Yes 💢 No			200	3031-123
Instructions for completing schedules are on the ba	• •		/siv	0
COMMITTEE IDENTIFICATION			2526	74 2015 R9 1011
	EASURER		324.2	JAN STORES
Street Address 3228 Bitters Court			OF	FICE USE ONLY
City, State and Zip Code GREEN BAY, WI 54301				C 01 81 T1 3
Please check if address is different than previously reported,	and complete the Campaign l	Registration St	tatement in t	he back of this form. 🔲
NAME OF REPORT				
January Continuing Pre-Primary Pre-Primary	Spring Fall	Spe	ecial	Termination Report
July Continuing Pre-Election	Spring Fal	I Spe	ecial	also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colun	an D	do mit ist
DISBURSEMENTS	This Period	Caler		10.21.14
1. RECEIPTS		Year-To	o-Date _	70
1A. Contributions (Including Loans) from Individuals	\$262.24	\$222		12.31.14
1B. Contributions from Committees (Transfers-In)	\$325,00	s છેટાં	5.00	
1C. Other Income and Commercial Loans	\$ 8.33	\$ 8,	<u> 33</u>	fre
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 595.57	\$2855	5.57	2.2.15
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 624,41	\$381.	2,83	
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$624.41	\$2813	2.83	,
CASH SUMMARY		<u></u>		
Cash Balance Beginning of Report	\$ 71.58			
Total Receipts	\$ 595.57		•	,
Subtotal	\$667.15			
Total Disbursements	\$ 624,41			
CASH BALANCE END OF REPORT	s 42.74			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	* NONE			
LOANS (Balance at the Close of This Period-3B)	* NONE			
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				

,2 1

Type or Print Name of Candidate or Treasurer PAUL Do ZELLER	Signature of Candidate or Treasurer Sauf D & Seller	Date: 1-19-2015 (920) 819-0990 Daytime Phone:
NOTE: The information on this form is required by ss 11 (16. 11.20 Wis. Stats Failure to provide the inform	14 920-336-002

ss.11.60, 11.61, Wis. Stats.

RECEIPTS Contributions (Including Loans) From Individuals

Page <u>2</u> of <u>6</u>

ZEL	LER FOR TREAS	URER		·
Instructions fo	or completing schedules are on the back of ea	ach schedule.		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount 4	Calendar Year-to-Date Total
10/21/14	NEANNE PLATIES	Drines	7	200
'	440 ST. MARYS BLVD	RETIRED	200	000
	GREEN BAY, WI 54301		0100	
	Check if: [] In-Kind [] Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
11/1/14	CINDY LECHO	Community	21	21
' '	1996 STONE SILO CR.	Communa of	10	26
	DAPORO WI 54115	VOLUN-teer	Cacle	
	Check if: Oln-Kind OLgan Conduit	Conduit Name:	L/431~	•
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-plate total exceeds \$100)/	Amount	Calendar Year-to-Dale Total
11/2/14	PAUL LELLER	MEG KORRESENTATIVE	2124	02/20
	3228 Bitters (7	MULERA ASCACIATES	200	100007
'	C000/Bon W==4201	PO DOX 154 53578	1/4/2	
	Check if: Clin-Kind CLoan Conduit	Conduit Name du SAC, WI		•
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
I = I		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
		· · · · · · · · · · · · · · · · · · ·		
	·			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1	·	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
		·		• .
,				· · · · · · · · · · · · · · · · · · ·
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
, ,	-	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
		·		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
1. 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
, ,				
				•
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
	t as traitie, triaimig variess and Th Cone	Of Employment (if year-to-date total exceeds \$100)	Allouit	Year-to-Date Total
/ /				
			·	:
			-	
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$262.24 \$262.24	
		TOTAL ITEMIZED CONTRIBUTIONS	\$262.24	
			1000	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 7 2/1	
	TOTAL COM	ITRIBUTIONS RECEIVED FROM INDIVIDUALS	\$262,24	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page $\frac{2}{2}$ of 6

Complete Committee Name FOR TREASURER

Instructions for completing schedules are on the back of each schedule Full Name of Committee, Mailing Address and Zip Code Calendar Year-To-Date Total Date Full Name of Committee, Mailing Address and Zip Code Calendar Amount Year-To-Date Total Check if: In-Kind I Loan Date Full Name of Committee, Mailing Address and Zip Code Calendar Amount Year-To-Date Total Check if: In-Kind Loan Date Full Name of Committee, Mailing Address and Zip Code Amount Calendar Year-To-Date Total Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code Date Amount Calendar Year-To-Date Total 1 1 Check if: [In-Kind [Loan Full Name of Committee, Mailing Address and Zip Code Date Amount Calendar Year-To-Date Total Check if: I In-Kind Loan Full Name of Committee, Mailing Address and Zip Code Date Amount Calendar Year-To-Date Total Check if: In-Kind Loan
Full Name of Committee, Mailing Address and Zip Code Date Calendar Amount . Year-To-Date Total 1 1 Check if: In-Kind I Loan Full Name of Committee, Mailing Address and Zip Code Date Amount Calendar Year-To-Date Total Check if: I In-Kind I Loan Date Full Name of Committee, Mailing Address and Zip Code Amount Calendar Year-To-Date Total Check if: In-Kind I Loan SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Complete Commit	LED FOR TREASINER		
Instructions for	completing schedules are on the back of each schedule.		1
Date	Full Name, Mailing Address and Zip Code	Type of Income	// Amount
11/11/14	of Source of Income PAUL ZELLER 3228 Bitters Court GREEN BAY, WI 54301	(ASh FOR	9000
1, 4, 1	3228 Bitters Court	FACEBOOK of	118233
	GREEN BAY, WI 54301	DOMAIN NAM	e 0 0 0 0
Date	Full Name, Mailing Address and Zip Code of Source of Income	CREDIT DIME CLA	↑ Amount
1 1	and the state of missing	CREDIT/ DEBUCUR	V
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1			
		· .	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /			
Date	Full Name, Mailing Address and Zip Code	Turn of Imports	A
	of Source of Income	Type of Income	Amount
/ /.			
]
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
, ,	of Source of Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , , , , , , , , , , , , , , , , , , ,
] ' '	·		,
	·		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
, ,	of Source of Income	,	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	or source of mostly of		
Data	7.4.1		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
$I \cap I$		·	
	·		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
1 1	of Source of Income	7,50 51 111551115	
, ,			
		•	0 22
4.2	SUBTOT	AL OTHER INCOME THIS PAGE	\$ 0000
			8.33
	то	TAL ITEMIZED OTHER INCOME	s 0 0 3 3
		•	
	TOTAL UNITEMIZE	O OTHER INCOME \$20 OR LESS	\$ -
			0 22
		TOTAL OTHER INCOME	s 8,33

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name

ZELLER FOR TREASURER

Instructions for completing schedules are on the back of each schedule.

manuchons to	completing schedules are on the back of each schedule.	•		
Date 10.17 14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made SPEED SAGN	Specific Purpose of Expenditure	Amount	
10001	LAKE CITY FT 32024	& BANNERS	269.46	
Date	Check if: D In-Kind Offset	Specific Purpose of Expenditure	Amount	
10/31/14	of Person or Business to Whom Payment is Made	POINTED	# 1-00	
, , ,	CREEN BAY WI54311	INK	(/ 50 / 7	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	# Amount	
11/3/14	Of Political Caffs Now	Dial	72 K/ 7/2	
" - 1	3605 ROCKWOOD KOAD	CAMPAIGN	1000.12	
Date	Check if: 1/n-Kind Offset 17/10/3 Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount	
11/2/11/	Of Person or Business to Whom Payment is Made	40	At - 1 - 1/4	
11 217	1 HACKER WAY		#26.29	
	Check if: Id In-Kind Offset K, CA 94205	IMPRESSIONS		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	
11 14 14	FACE BOOK		# [] [
1 (MENLO Park CAGUAS.	IMPRESSIONS	0019	
Date	Check if: C In-Kind Offset	Specific Purpose of Expenditure	Amount	
1 1	Of Person or Business to Whom Payment is Made			
	• •			
	Check if: C In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	
1 1	·		, .	
	<u> </u>			
Date	Check if:	Specific Purpose of Expenditure	Amount	
1 1	Of Person or Business to Whom Payment is Made	opesing ranges of Experiment	,	
			,	
	Check if:			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	
/ /	·			
		,		
	Check if: C In-Kind Offset		10/11/	
	SÚBTOTAL IT	EMIZED EXPENDITURES THIS PAGE	\$624,41	
			624.41	
		TOTAL ITEMIZED EXPENDITURES	\$4-10-1	
	TOTAL UNITER	MIZED EXPENDITURES \$20 OR LESS	\$	
	624.41			
End of Report Total expenditures \$624.41				